Integration and innovation in aged care organisations: Three studies in New South Wales

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CERTIFICATE OF ORIGINAL AUTHORSHIP

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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GLOSSARY

Aged Care Assessment Team (ACAT) – A multidisciplinary team of health professionals responsible for determining the care needs and services an individual may require.

Ageing, Disability and Home Care (ADHC) – is part of the New South Wales Department of Family and Community Services. ADHC is responsible for providing services and support to older people, people with a disability, their families and carers. (See also Department of Ageing, Disability and Home Care.)

Commonwealth—the Australian Federal Government is often referred to as the Commonwealth.

Community Aged Care Package (CACP) – Individually planned and coordinated packages of care tailored to help older Australians with low-level care needs to remain living in their homes. They are funded by the Australian Government and have been replaced with Home Care Packages Level 2 as of August 2013.

Consumer-directed care (CDC) – An approach to care that allows people to have greater choice and control over the care and support services they receive, to the extent that they are capable and wish to do so. The concept of "choice" in CDC varies, and can include allowing people to make choices about the types of care services ad benefits they access, the delivery of those services and benefits, or choice of service provider.

Council of Australian Governments (COAG) – Is an organisation consisting of the federal government, the government of the six states and two mainland territories and the Australian Local Government Association.

Department of Ageing Disability and Home Care (DADHC) – DADHC was created to bring together support and services for older people, people with a disability and their families and carers in New South Wales (NSW). It was the department in the NSW that was responsible for the Home and Community Care (HACC) program before Australian federal government takeover. DADHC is now called ADHC and is one of the agencies within the Department of Family and Community Services (see above).

Department of Health and Ageing (DOHA) – the Federal agency responsible for aged care and ageing policy and programs including residential care and package programs. Responsibility for aged care and ageing recently moved to the Department of Social Services.

Extended Aged Care in the Home (EACH) packages – Individually planned and coordinated packages of care, tailored to help frail older Australians with high levels of care needs to remain at home. They are funded by the Australian government and have been replaced with Home Care Packages Level 3 on August 2013.

Extended Aged Care in the Home Dementia (EACH-D) packages – An EACH package with a higher level of funding to provide additional care at home for people with dementia. They were replaced by Home Care Packages Level 4 on August 2013.

High care – the care that is provided for people who have been assessed by an

ACAT and need almost complete assistance with most daily living activities. It includes accommodation services as well as person care. Medical needs are managed by nursing staff. The high care/low care distinction is eliminated as of July 1, 2014.

Home and Community Care (HACC) – A program which provides a comprehensive, coordinated and integrated range of basic maintenance and support services to help people maintain their independence at home and in the community. HACC was a joint Australian federal and state and territory government initiative until [date]. It is replaced with Home Care Packages Level 1.

Low care – the care that is provided for people who have been assessed by an ACAT and need services such as meals, laundry and cleaning, as well as additional help with personal care. Nursing care may be provided if required.

New South Wales, State of (NSW) – The most populous (approximately 7 ½ million persons) of Australian states whose capital is in Sydney. It is located in the southeast part of the country.

Productivity Commission— is the Australian Government's independent research and advisory body on a range of economic, social and environmental issues affecting the welfare of Australians. Its role is to help governments make better policies in the long-term interest of the Australian community focusing on achieving a more productive economy.

ABSTRACT

"The Ultimate answer to Life, the Universe and Everything is...
(You're not going to like it...)
Is.....42"
---Douglas Adams' The Hitchhikers Guide to the Galaxy (1981)

Like "42" in The Hitchhikers Guide, one might be led to believe that integrated care is the ultimate answer to the failings of many health and supportive care systems: namely, poor coordination of services and benefits, cost shifting, and frustration for users in accessing services they need when they need them. Policymakers, planners, researchers, and providers have long promoted integrated care as a goal, especially for people with complex, long-term problems; yet few providers have moved in this direction. This thesis aims to contribute to the ongoing interest in integrated care by investigating both the factors associated with adoption of integrated aged care delivery structures and, more generally, the other mechanisms that have been adopted by aged care providers to integrate aged care services across community and residential settings. To investigate these topics, three separate but complementary studies were conducted in New South Wales (NSW).

From the data, it was found that in NSW, of the 619 aged care service providers studied, only six percent adopted formal shared management structures of integrated service delivery; although some others created alternative informal structures or brokerage arrangements to offer a continuum of care. In the first study, multinomial logistic regression models were used to explore what internal (tax status, chain, size) and external factors (planning region, urban/rural) were associated with a provider's formation of an integrated aged care structure—that is to say, a structure where the range of services from supportive home care services through to residential care are all offered under the same management structure. Care providers that are part of a common sponsor (or 'chain'), who are non-profit, and have greater capacity in HACC services, package size and, to a lesser extent, residential bed size, are more likely to offer integrated care across the full array of services available in NSW.

Second, by conducting an online survey on the culture of innovation in a subset of eight aged care providers, a factor analysis revealed that senior leadership plays the key role in promoting innovation and that direct supervisor support was necessary for trying new ideas regardless of whether the idea succeeds or fails.

Finally, focus group insights about paths toward integrated structure were sought. Some providers under-appreciated certain integration mechanisms: while an organisation offering the full array of care under a shared management structure has the capacity to offer integrated care, without other integrating mechanisms (consolidated finance, care coordination, and IT), this capacity is perceived to be limited as to its true innovativeness. So, shared management structures (e.g. shared risk and infrastructure) are less obvious to providers than the advantages associated with the other three integrating mechanisms. Another finding was that different kinds of providers attribute successes to different things:

non-profit organisations perceive this to be the ability to cross-subsidise from certain programs (especially packaged care). The opportunities for this distribution of risk grow with the size of the organization. Shared infrastructure and learning also characterise larger organizations. In contrast, smaller organisations attribute their success to being nimble and responsive to their community.

Australia is poised to create new opportunities for integrated care following policy changes and investments in mechanisms necessary to support it (i.e., consolidated financing, care coordination and information systems). The keys to success are to appreciate that local conditions will drive what the integrated care model looks like and to manage expectations about what sorts of improved outcomes may be achieved, keeping them in line with the completeness of the model utilised.